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Declaration

Initial Filing

Attorney

and Power of

Submitted with

**DECLARATION FOR UTILITY OR** 

DESIGN PATENT APPLICATION (37 CFR 1.63) and

**POWER OF ATTORNEY** 

| + |

Declaration and Power of

Submitted After Initial Filing

(surcharge 37

CFR 1.16(e))

Attorney

PTO/SB/01 (10-00)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Attorney Docket No.: 27433/04004

First Named Inventor: Michael Kalafatis et al.

COMPLETE IF KNOWN

Application No.: 09/911,129

Filing Date: July 23, 2001

1653

Not yet assigned

As below named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names.

**Group Art Unit:** 

**Examiner Name:** 

We believe we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## THROMBIN GENERATOR INHIBITOR

the specification of which

П	is attached hereto;			
$\boxtimes$	was filed on 7/23/01 as	United States Applica	ation Number	09/911,129
	and was amended on		,	

We hereby state that we have reviewed and understand the contents of the aboveidentified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

We hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, check checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

NUMBEF	COUNTRY		FOREIGN FILING PRI DATE N CLA			CERTIFIED COPY ATTACHED? YES			
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Additional for	eign application		e listed on a tached her		al priority o	data sh	neet PTO/SB/02B		
I hereby claim the t	penefit under 35	U.S.C. 119(e	e) of any U	nited States p	provisional	applic	ation(s) listed belo	w.	
Application Num	ber(s)	Filing Date	Date Additional provisional a						
				are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
Direct all correspond	dence to:	Corres	pondence	Address Belo					
Name Joh	n E. Miller (Reg. N	o. 26,206)							
800 Superior Avenue Address 1400 McDonald Investment Center									
City Cleveland				State OH			4444		
City Cle	veland	Sta	ate	ОН		ZIP	44114		
City Cle	veland	Sta	ate .	ОН	T	ZIP	44114		
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and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been field for this unsigned inventor NAME OF FIRST INVENTOR: Given Name **Family Name** (first and middle [if any]) Michael Or Surname Kalafatis Inventor's Signature Resident and 2859 Sedgewick Rd. City **Mailing Address** Shaker Heights State Ohio Country USA Citizenship Greece A petition has been field for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name (first and middle [if any] Or Surname Mann Inventor's Signature Resident and 72 E. Shore Rd., South Mailing Address City Grand Isle State Vermont Country USA Citizenship USA A petition has been field for this unsigned inventor NAME OF THIRD INVENTOR: Given Name Family Name (first and middle [if any]) Or Surname Inventor's Date Signature Resident and Mailing Address City State Country \*\*\* Citizenship A petition has been field for this unsigned inventor NAME OF FOURTH INVENTOR: Given Name **Family Name** (first and middle [if any]) Or Surname Inventor's Date Signature

We hereby declare that all statements made herein of our own knowledge are true

Country \*\*\*

Citizenship

State

Resident and Mailing Address